
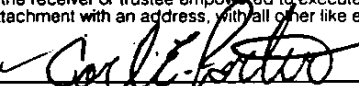


2005  
2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

FILED  
May 05, 2005 8:00 am  
Secretary of State

05-05-2005 90109 012 \*\*\*150.00

DOCUMENT # P03000136661			
1. Entity Name FAIRWAY WINDOWS, INC.			
Principal Place of Business 5225 W ANTHONY RD OCALA FL 34474		Mailing Address 5225 W ANTHONY RD OCALA FL 34474	
2. Principal Place of Business 732 SE 4th St		3. Mailing Address 732 SE 4th St	
Suite, Apt. #, etc. B		Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34471	Country AA	Zip 34471	Country
6. Name and Address of Current Registered Agent  PORTER, CARL E 5225 W ANTHONY RD OCALA FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$350.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PORTER, CARL E 5225 W ANTHONY RD OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352-427-2865	



MOORE CR2E034 (4/04)

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

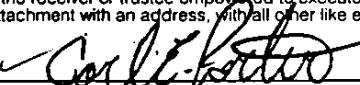
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing: \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

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